



WICHITA STATE UNIVERSITY Academic Course Approval Form

_____ Date

INSTRUCTIONS: Applicant must furnish all information in this top section of the form prior to making an appointment with the appropriate academic advisor who must complete the bottom portion of this form. Student must submit this form with a completed application.

Desired Semester of Study: Spring Semester, 20____ Summer Session, 20____ mywsu ID: _____

Fall Semester, 20____ Academic Year, 20____ - 20____

Gender: Male Female

Full Name: _____
Last Name First Name Middle Name (if any)

Telephone: _____ or _____

Primary e-mail: _____ Second e-mail: _____

Major(s) Minor(s)

Program Abroad/Institution Expected Degree

Expected Graduation Date: mm/yyyy

TO BE COMPLETED BY APPROPRIATE ACADEMIC ADVISOR

1) Academic Information:

- Is the applicant in good academic standing? Yes No
- Does the applicant meet college's GPA requirements for study abroad? Yes No
- Is the applicant seeking credit for courses in his/her major? Yes No

2) I have discussed the option of study abroad with the above named applicant and hereby:

- I approve the student's participation in the program listed above.
- I conditionally approve of the student's participation, subject to the conditions listed below:
- I do not approve this student's participation, for the reasons listed below:

3) Other academic recommendations for this student in regard to study abroad include:

Academic Advisor's Name _____
First Name Last Name College

Academic Advisor's Signature

Date

Course(s) Approved

Full Name: _____
Last Name First Name Middle Name (if any)

DESIRED COURSE		EQUIVALENT WSU DEPARTMENT
_____	_____	_____
COURSE NUMBER	DATE	APPROVAL SIGNATURE REQUIRED FROM ACADEMIC ADVISER
_____	_____	_____

DESIRED COURSE		EQUIVALENT WSU DEPARTMENT
_____	_____	_____
COURSE NUMBER	DATE	APPROVAL SIGNATURE REQUIRED FROM ACADEMIC ADVISER
_____	_____	_____

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Academic Advisor's Name: _____
First Name
Last Name

Academic Advisor's Signature
Date

